



Division of Laboratory Services  
630 Hart Lane  
Nashville, TN 37216  
615-262-6300

<https://www.tn.gov/health/health-program-areas/lab.html>

**Disease/Agent Suspected or Test Requested:**

***Neisseria meningitidis*, PCR**

Provider Requirements	Sample or Isolate Submission Required
Acceptable Specimen Sources/Type(s) for Submission	<ul style="list-style-type: none"><li>• Culture isolate</li><li>• Isolates from normally sterile sites</li><li>• CSF</li></ul>
TDH Requisition Form Number	<a href="#">PH-4182</a>
Media Requirements	<ul style="list-style-type: none"><li>• Pure culture specimens transported on chocolate agar plates or slants</li><li>• CSF, primary sample</li></ul>
Special Instructions	
Shipping Instructions	<ul style="list-style-type: none"><li>• Ship Room Temperature/Ambient</li><li>• CSF should <b>NOT</b> be frozen or refrigerated for bacterial testing.</li></ul>
Laboratory Section Performing Testing	Molecular Biology
Lab Location(s) Performing Test	Nashville

All infectious substance shipments must conform to U.S. Department of Transportation (DOT) Hazardous Materials Regulations (HMR 49 C.F.R Parts 171-180).